Form B1 GHZED 6002-DKH467 GHO-IVIJ DOC 1-1 FIIEQ 02				
UNITED STATES BANGUPTOFUODR CENTRAL DISTRICT OF CALIFORNIA				
Name of Debtor (if individual, enter Last, First, Middle): Vincent L. Mudd	Name of Joint Debtor (Spouse) (Last, First, Middle):			
All Other Names used by the Debtor in the last 6 years (include married, maiden, and trade names):  NONE	All Other Names used by the Joint Debtor in the last 6 years (include married, maiden, and trade names):			
Soc. Sec./Tax I.D. No. (if more than one, state all): 556-23-9466	Soc. Sec./Tax I.D. No. (if more than one, state all):			
Street Address of Debtor (No. & Street, City, State, & Zip Code): 13382 5th Street	Street Address of Joint Debtor (No. & Street, City, State, & Zip Code):			
Yucaipa, CA 92399				
County of Residence or of the Principal Place of Business: San Bernardino	County of Residence or of the Principal Place of Business:			
Mailing Address of Debtor (if different from street address):	Mailing Address of Joint Debtor (if different from street address):			
Location of Principal Assets of Business Debtor (if different from street address above):				
Information Regarding the Debt	or (Check the Applicable Boxes)			
Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.  There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District.  This petition is being filed by a corporation or partnership under chapter 11 and the debtor acknowledges that a Venue Disclosure Form is required to be filed by General Order 97-02.  Type of Debtor (Check all boxes that apply)  Chapter or Section of Bankruptcy Code Under Which				
Individual(s)	Chapter or Section of Bankruptcy Code Under Which the Petition is Filed (Check one box)			
□ Corporation     □ Stockbroker       □ Partnership     □ Commodity Broker       □ Other	Chapter 7			
Nature of Debts (Check one box)	Filing Fee (Check one box)			
☑ Consumer/Non-Business ☐ Business	Full Filing Fee attached			
Chapter 11 Small Business (Check all boxes that apply)  Debtor is a small business as defined in 11 U.S.C. § 101	Filing Fee to be paid in installments (Applicable to individuals only)  Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments.			
Debtor is and elects to be considered a small business under 11 U.S.C. § 1121(e) (Optional)				
Statistical/Administrative Information (Estimates only)	04/26/2002 **FILED** 13:32			
Debtor estimates that funds will be available for distribution to unsecur Debtor estimates that, after any exempt property is excluded and admini	istrative expenses pair DEBTOR:			
there will be no funds available for distribution to unsecured creditors.  MUDD, VINCENT L  Fetimated Number of Creditors  JUDGE: HON. M. Jury - 582				
1-15 16-49 50-69 100-199 200-699 1000	TRUSTEE: ZIMP CH: 07 (COMPLETE) 341A MTG: 05/30/2002 02:30 UST			
Estimated Assets ADR: 3420 Twelfth St Room 100 Rivsid				
50,000 \$100,000 \$500,000 \$1 million \$10 million \$50 million \$100	000,001- More than 0 million			
CLERK, U.S. BANKRUPTCY COURT				
\$0 - \$50,001- \$100,001- \$500,001- \$1,000,001- \$10,000,001- \$50,000 \$10,000 \$10 million \$10 million \$100,000 \$10	CENTRAL DISTRICT OF CALIF. ID: 019 00,001- More than RECEIPT NO: RS-011066 \$ 200.00			

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2001 USBC. Central District of California

	untary Petition page must be completed and filed in every case)	Name of Debior(s): Vincent L. Mudd	FORM B1, Page 2		
11111111	•	ears (if more than one, attach additional	l sheet)		
	Prior Bankruptcy Case Filed Within Last 6 Years (If more than one, attach additional sheet)  Case Number: Date Filed:				
Locat	NONE				
	Pending Bankruptcy Case Filed by any Spouse, Partner or Af	<del>, , , , , , , , , , , , , , , , , , , </del>			
Name	lame of Debtor: Case Number:		Date Filed:		
Distn	District: Relationship:		Judge:		
Signatures					
	Signature(s) of Debtor(s) (Individual/Joint)	Exhibit A			
I declare under penalty of perjury that the information provided in this petition is true and correct. [If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7. I am aware that I may proceed under chapter 7, 11, 12 or 13 or title 11. United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7.		(To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11)  Exhibit A is attached and made a part of this petition.			
I request relief in accordance with the chapter of trile 11, United States Code.		Exhibit 8			
x X	Signature of Debtor Vincent L. Mudd	(To be completed if debtor is an individual whose debts are primarily consumer debts) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter.			
	Signature of Joint Debtor	X			
} ;	(909) 446-0898	Signature of Attorney for Debtor(s)  Date			
	Telephone Number (If not represented by attorney)	Exhibit C			
	Date Signature of Attorney	Does the deblor own or have possession of any property that posses or is alleged to pose a threat of imminent and identifiable harm to public health or safety?  Yes, and Exhibit C is attached and made a part of this petition.  No  Signature of Non-Attorney Petition Preparer  I certify that I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110, that I prepared this document for compensation, and that I have provided the debtor with a copy of this document.  Murray L. Cohén			
X	Signature of Attorney for Debtor(s)				
	Printed Name of Attorney for Debtor(s)				
	Firm Name				
	Address				
		Printed Name of Bankruptcy Petition Preparer			
	Telephone Number	204-42-4295			
1		Social Security Number P.O. Box 202			
	Date Bar Number	Address			
	Signature of Debtor (Corporation/Partnership)	Lake Arrowhead, CA	92352		
I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.  The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.		Names and Social Security numbers of assisted in preparing this document:  If more than she person prepared this	document, attach additional sheets		
X	Manager and distributional bodiestand	conforming to the appropriate official to	nyn soc sacon passon.		
	Signature of Authorized Individual	Schalure of Bankrupty Petition Pr	SOUTH TO THE STATE OF THE STATE		
	Printed Name of Authorized Individual	1 1 4	·23-02		
	Title of Authorized Individual	Date  A bankruptcy petition preparer's failure	to comply with the provisions of this		
		11 and the Federal Rules of Bankrupt	tcy Procedure may result in fines or		